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APPLICANTS

Edward B. Stokes, Charlotte, NC;

Mark P. D'Evelyn, Niskayuna, NY;

Stanton E. Weaver, Northville, NY; Peter M. Sandvik, Guilderland, NY;

Abasifreke U. Ebong, Clifton Park, NY;

Xian-an Cao, Clifton Park, NY;

Steven F. LeBoeuf, Schenectady, NY;

Nikhil R. Taskar, Scarsdale, NY;

** CONTINUING DATA ***** *none* *hms*** FOREIGN APPLICATIONS ***** *none* *hms*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	6	28	3
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

27885

FAY, SHARPE, FAGAN, MINNICH & MCKEE, LLP

1100 SUPERIOR AVENUE, SEVENTH FLOOR

CLEVELAND, OH

44114

TITLE

Flip-chip light emitting diode

FILING FEE RECEIVED 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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